


AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 4:22-cv-3004

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to: <u>Phil Bakken, Corp Sec</u> <u>Board of Regents</u> <u>University of Nebraska</u> <u>3835 Hadrage</u> <u>Lincoln NE 68588</u></p>  <p>9590 9402 6923 1104 1659 94</p> <p>2. Article Number (Transfer from service label) 7020 3160 0001 4117 9585</p>	<p>A. Signature <u>X</u></p> <p>B. Receiver <u>Nebraska-Lincoln University Services</u> Date of Delivery _____</p> <p>C. Is delivery restricted from item 1? <input type="checkbox"/> Yes If YES, enter delivery restriction: <u>1000 West 7th St.</u> <input type="checkbox"/> No</p> <p>D. Is delivery restricted from item 1? <input type="checkbox"/> Yes If YES, enter delivery restriction: <u>P.O. Box 880699</u> <input type="checkbox"/> No <u>Lincoln, NE 68588-0699</u></p> <p>3. Service Type <u>7.53</u></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery over \$500</p>

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt

☒ Other (specify)Certified Mails Return Receipt Requested

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date:

2-14-2022

Server's signature

Vince Powers, Attorney for Plaintiff

Printed name and title

411 South 13, Suite 350
Lincoln NE 68508

Server's address

Additional information regarding attempted service, etc: